2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33288

FILED Jan 07, 2009 Secretary of State

Entity Name: DREAMS COME TRUE OF JACKSONVILLE, INC.

Current Principal Place of Business: New Principal Place of Business:

6803 SOUTHPOINT PKWY JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

6803 SOUTHPOINT PKWY JACKSONVILLE, FL 32216

FEI Number: 59-2967803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRUNE MATHIS, KAREN
6803 S POINT PKWY
JACKSONVILLE, FL 32216 US

BRUNE MATHIS, KAREN
6803 SOUTHPOINT PKWY
JACKSONVILLE, FL 32216 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN BRUNE MATHIS 01/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ANTHONY, JEFFEREY H WHITE, ROBERT E Name: Name: 4345 SOUTHPOINTE BLVD Address: 10060 SKINNER LAKE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246 Title: () Delete Title: (X) Change () Addition

 Name:
 WHITE, ROBERT E
 Name:
 DELUCA, DAVID

 Address:
 10060 SKINNER LAKE DRIVE
 Address:
 50 N. LAURA ST. #3700

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 JACKSONVILLE, FL 32202

Title: S () Delete Title: S (X) Change () Addition Name: DELUCA, DAVID Name: CONN, JEFFREY

Address: 50 N. LAURA ST #3700 Address: 6675 CORP. CENTER PKWY. #100

Address: 50 N. LAURA ST #3/00 Address: 66/5 CORP. CENTER PKWY. #100
City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete Title: () Change () Addition Name: Name:

 Address:
 50 NORTH LAURA ST, SUITE 3000
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32202
 City-St-Zip:

Title: ED () Delete Title: () Change () Addition

 Name:
 BRUNE MATHIS, KAREN
 Name:

 Address:
 6803 SOUTHPOINT PKWY
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN BRUNE MATHIS ED 01/07/2009

Electronic Signature of Signing Officer or Director

Date